COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

Enterprise Invoice Management

&

Enterprise Service Management Project

BSAS

Family Residential & Sober Living

Enrollment Assessment Manual

Children

For Family Residential & Sober Living

Enrollment Assessment Form – Children – Version 3

2016

Introduction

The Department of Public Health (DPH), Bureau of Substance Abuse Services (BSAS) collects client and service data via the Executive Office of Health and Human Services (EOHHS) business application, Enterprise Invoice Management-Enterprise Service Management (EIM-ESM), which is accessed through the web-based EOHHS Virtual Gateway.

Why Do We Collect this Data and Why is Accuracy Important?

At least half of the funding for substance abuse services is Federal. BSAS reports to the Substance Abuse and Mental Health Services Administration (SAMHSA).

- ❖ It is a federal reporting requirement that we submit this data to SAMHSA
  - ☐ The data submitted to SAMHSA is referred to as the Treatment Episode Data Set (TEDS)
  - ☐ TEDS is the ONLY national client-level database on substance abuse treatment
    - ➡ The data is used by federal policymakers, researchers, and many others
  - ☐ It provides data for trend analysis, understanding characteristics of persons admitted to substance abuse treatment and client outcomes
  - ☐ It includes information on all clients admitted to programs that receive public funds

- ❖ Performance Management
  - • Level of Care Management meeting process
  - • Development of provider feedback reports
    - ➡ Business Decision Support
    - ➡ Analysis to determine client outcomes and to promote best practices

EIM-ESM is designed to provide timely and comprehensive reports on client characteristics at Intake and Enrollment, client status at Disenrollment, and client change between the beginning and end of the treatment episode. The data system can be used to monitor treatment time and readmission rates for the same or different substance abuse problems. An important dimension of the system is that client and fiscal information systems use the same database. As a result, program managers may obtain detailed information on the type and amount of services provided and the cost of services to specific client groups.

Goals and Objectives

The primary goal of the EIM-ESM data collection by the Bureau of Substance Abuse Services is to enhance fiscal and program management. To achieve that goal, the system has eight objectives:

1. Provide unduplicated client count
2. Provide count of client enrollments
3. Monitor usage patterns
4. Provide timely reports on client characteristics
5. Verify billing and suspend payment if necessary
6. Compute utilization rates
7. Produce budget status reports
8. Facilitate treatment and recidivism studies

Client Confidentiality

The Bureau realizes that there is concern as to client confidentiality because client names and other identifying information such as Social Security numbers (SSN) are collected by EIM-ESM. Not only does the Bureau adhere to the provision governing the confidentiality of alcohol and drug abuse patient records (Code of Federal Regulations, Chapter 42, Part II), but in addition the data is protected by HIPAA and by the Massachusetts Fair Information Practices Act. The data qualify as medical records and, therefore, cannot be requested as "public records".

The EIM-ESM security measures are robust. It is an award winning security system. The way in which the information is stored is fragmented so is not relatable. In addition, the Department of Public Health's Legal Office determined that BSAS staff, including any research or analytic staff, should have no access to the EIM-ESM interface, unless required to meet their job responsibilities – Provider Support and Technical Assistance. The very few that do have access to the interface not only abide by the strictest of Confidentiality Agreements but are housed in locked offices to assure that no one might accidently view any part of the interface.

In addition, there is a Qualified Service Organization Agreement (a signed and dated document describing the agreed upon terms of a service relationship between the licensee and the qualified service organization, which meets the requirements of 42 CFR Part 2), between DPH and EOHHS which assures that access to client screens is not permitted by any EOHHS staff supporting the EIM-ESM application.

Why is the collection of identifying information so important?

Without it the Bureau could not meet its goals: provide unduplicated client count, provide count of client enrollments, monitor usage patterns, provide timely reports on client characteristics, verify billing and suspend payment if necessary, compute utilization rates, produce budget status reports, and facilitate treatment and recidivism studies; without which accurate client outcomes would not be available to enhance treatment opportunities.

EIM-ESM also limits access to a client's enrollment information and substance abuse assessment information to the organization that is treating the client and holds the consent to enter the data into EIM-ESM.

Only the underline enrolling agency can see that the client is enrolled in a BSAS Program.

> *Tips*
> - Never email client names when contacting DPH for TA
> - Never use the client name when on a phone call with DPH for TA

Interview Assumptions

The BSAS Intake and Assessments interviews are based on two important assumptions:

1. **The Bureau's Intake/Assessment interviews are not designed as clinical interviews**. Although general descriptions of client status are obtained, the detail required for a comprehensive analysis of the client's substance abuse and related problems is not elicited. Programs, therefore, are expected to conduct more detailed clinical interviews. Collection of the Assessment data can be a part of the more comprehensive clinical interview.

2. **Many of the interview items are designed as prompts.** A specific question format is not provided. Clinicians are free to ask the questions in their own style and format. The only constraint is that all required questions must be asked and an answer provided even when it is "unknown' or "refused".

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ENROLLMENT ASSESSMENT FORM
CHILDREN

All questions marked with ▶ are required and must be completed.

▶ **Enrollment Date**

Enter the day that the client was enrolled/admitted to the program (Services Rendered). Enter the date using the MM/DD/YYYY format. MM must be 01 through 12 and DD must be 01 through 31 (e.g. 06/01/2007).

> • Although the enrollment date will be automatically displayed when the Enrollment Assessment is opened for completion, this date does not have to be entered again, however, its inclusion on the form validates data quality in the client record and in the system.

▶ **ESM Client ID**

The Client ID is automatically assigned when the client is entered into the ESM-EIM system. This number should be recorded on the Intake form *after the data is entered* into EIM-ESM system. As the Bureau does not have access to client names, this is helpful information to have in the client record when verifying the data in the system or when communicating with the Bureau regarding the specific client's case and/or billing.

Provider ID

This field is to be used by the provider in any way that is helpful to them in the management of client records. This is not entered into the EIM-ESM system.

First Name/Middle Initial/Last Name/Suffix

While the client name is only entered into the Application at Intake, writing the full legal names on the Enrollment and Disenrollment Assessment forms is good record management.

▶1. **Client Code**

The Client Code is a five character code composed of capital letters from the individual's full name:
1. First letter of the client's first name
2. Third letter of the client's first name
3. Middle initial (If none, enter 4)
4. First letter of the client's last name
5. Third letter of the client's last name

The Client Code was used to monitor multiple enrollments across years when EIM-ESM was not implemented and there was no unique Client ID assigned by a system. This is also used by the Federal funding source, The Center for Substance Abuse Treatment, CSAT, to link records across years when monitoring substance abuse treatment utilization and trends.

If the individual's first or last name does not have three letters, use a 4 in place of the third letter. Be sure to base the Client Code on the individual's *full legal name.*   Do not use shortened names, such as Bill for William or nicknames such as Buddy. Also, try to obtain the middle initial. Taking these steps will ensure the quality of data analysis where the Client Code is being used, in part, to uniquely identify clients.

▶2.   Intake/Clinician Initials

Enter the initials of the clinician who conducted the enrollment assessment interview.

▶3.   Do you own or rent a house, apartment, or room?

Check only one box. Select either 'Yes' or 'No'

If the individual answers 'Yes' to Question 3, Skip Question 4 and go to Question 5.
If the individual answers 'No' to Question 3, they must answer Question 4.

> ! If the Primary/Parent Owns a Home, Check that the Collateral/Child Owns a Home !

4.   Are you 'Chronically Homeless'?

Check only one box. Select either 'Yes' or 'No'

Read the HUD definition of a chronically homeless person **before** answering this question.

HUD definition of a chronically homeless person:
'A person who is 'chronically homeless' is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g. living on the streets) and/or in an emergency homeless shelter.' A disabling condition is defined as 'a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.' A disabling condition limits an individual's ability to work or perform one or more activities of daily living. An episode of homelessness is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter. A chronically homeless person must be unaccompanied and disabled during each episode.'

▶5.   Enter the Zip Code of the Person's Last Permanent Address:

*Do **Not** put zip code of Program.*
This is the person's last **PERMANENT** address. They may be homeless in Boston but their last permanent address goes back a year or more to a family residence.

- If the person is homeless now, this would have been captured on the Intake Form.
- This question serves to show the migration of populations and if people have to leave one area in order to obtain services.

- If Newborn, enter code 99999
- If an older child that has been in foster care since birth, enter code 99999 but if the child had at one time lived with parent or family member, enter the zip code of that residence.

▶6.   Where did you stay last night?

Check only one box. If 'Other' is selected specify the place.
The choices are:

- ☐ **1**   Emergency shelter
- ☐ **2**   Transitional housing for homeless persons
- ☐ **3**   Permanent housing for formerly homeless
- ☐ **4**   Psychiatric hospital or other psychiatric facility
- ☐ **5**   Substance abuse treatment facility or detox
- ☐ **6**   Hospital (non-psychiatric)
- ☐ **7**   Jail, prison or juvenile detention facility
- ☐ **8**   Room, apartment, or house that you own or rent
- ☐ **9**   Staying or living with a family member
- ☐ **10** Staying or living with a friend
- ☐ **11** **Room, apartment, or house to which you presently cannot return (future return may be uncertain)**
- ☐ **12** Hotel or motel paid for without emergency shelter voucher
- ☐ **13** Foster care home or foster care group home
- ☐ **14** Place not meant for habitation
- ☐ **15** Other specify_____
- ☐ **88** Refused

▶7a.   Do you consider yourself to be transgender?

Check only one box.

The choices are:

- ☐ Yes
- ☐ No
- ☐ Refused

If a young child, check either No or Refused.

7b.   If you answered 'Yes' to Question 7a, you must answer Question 7b.

Check only one box. If 'Other' is selected, please specify: (e.g. Intersex)

The choices are:
- ☐ Male to Female
- ☐ Female to Male
- ☐ Other, specify_____

> If a young child, check Refused.

►8.   With what sexuality do you identify?

Check only one box. If 'Other' is selected, please specify: (e.g. Queer)

The choices are:
- ☐ Heterosexual
- ☐ Gay/Lesbian
- ☐ Bisexual
- ☐ Other, specify_____
- ☐ Refused

> If a young child, check Refused.

►9.   Number of days between initial contact and enrollment

Always code as: **0 (zero).**

- • The purpose of this question is to monitor waiting lists, capacity needs and days between parent's request and parent's admission.

►10. Source of Referral

Enter one code from the following three choices.

The choices are:
- ☐ DCF
- ☐ Family
- ☐ Residential Treatment Program

▶11.   Frequency of attendance at self-help programs

Always record as: **99** – Unknown

▶12.   Client Type

Always record as Collateral

13.   Additional Client Type

Check **all** that apply.

The choices are:

- ☐ *New* **Student:** Clients enrolled in any type of formal/vocational education.

- ☐ **Pregnant**: Child under 18 was pregnant at the time of enrollment.

- ☐ **Postpartum:** Postpartum is defined as the period between delivery and up to one year post delivery.

- ☐ **Probation**: Probation clients are under the supervision of the Office of the Commissioner of Probation. Substance abuse need not have been a factor.

- ☐ **Federal Probation**: Federal probation clients are under the supervision of the Federal government.

▶14.   Do you have children?

This would pertain to children still under the legal age who have children and enter the program with their parent(s).
Check only one box.

The choices are:

- ☐ Yes
- ☐ No
- ☐ Refused

If the client selects 'No' or 'Refused', skip to Question 15.
If the client selects 'Yes', answer Questions 14a-d.

> The child(ren) of the collateral child need not be in the program.

14a.   Number Children Under 6

Enter number of children less than 6 years of age.

14b. Number of Children 6-18

Always code as: **0 (zero)**

14c. Children Over 18:

Always code as: **0 (zero)**

A "Son or Daughter" old enough to have a child over the age of 6 would not be eligible (age) to enter the program.

14d. Are any of your children of the Native American race? (i.e., American Indian)

Answer 'Yes' if any of the children are of Native American/American <u>Indian</u> heritage.   Answer 'No' if none of the children of Native American/American <u>Indian</u> heritage.

▶15. Are you the primary caregiver for any children?

Check only one box.

The choices are:
- ☐ Yes
- ☐ No
- ☐ Refused

Prompt 🚩

- **If the client is the primary caregiver of children you must assess as to the children's welfare and what arrangements have been made for their care in your full clinical assessment.**

- If the client is involved with DCF and has an open service plan, the client should contact the DCF case manager. If the client doesn't know how to reach the DCF social worker, call the area office (list of offices can be found at www.mass.gov/DCF).

- For a list of Child Care Resource and Referral Agencies in Massachusetts go to: http://www.workworld.org/wwwebhelp/child_care_resource_and_referral_agencies_ccr_r_massachusetts.htm

▶16. Employment at the time of Enrollment

This item is a National Outcome Measure; reporting is required by SAMHSA.
Always code as: **9** - Not in labor Force-Other

▶17.   Number of days worked last 30 days

Always code as: **0 (zero)**

▶18.   Where do you usually live?

This item is a National Outcome Measure, reporting is required by SAMHSA.
Check only one box.

The choices are:
- ☐ **1** House or apartment
- ☐ **2** Room/boarding or sober house
- ☐ **3** Institution
- ☐ **4** Group home/treatment – treatment is provided within the house
- ☐ **5** Shelter/Mission
- ☐ **6** On the Streets
- ☐ **7** Foster Care
- ☐ **8** N/A Infant
- ☐ **88** Refused

Where has the client spent/slept most of the time over the last 12 months?

- • If the client has been in a residential treatment program, select 'Group Home'.
- • If the client was incarcerated, select 'Institution'. (e.g., DYS)

  If Newborn, check 'Unknown'.

▶19.   Who do you live with?

Always check ☒ With Parents